

PTO/SB/25 (10-04)

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR § 1.136(a)
FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 571-273-8300, on August 15, 2005.

Signature: _____

Name: Jason H. Vick

Docket Number (Optional)
T2146-906833**RECEIVED
CENTRAL FAX CENTER****AUG 15 2005**

In re Application of HAZARD, MICHEL

Application Number
09/763,868 Filed February 28, 2001

For: METHOD FOR MAKING SECURE A SENSITIVE INFORMATION PROCESSING IN A MONOLITHIC SECURITY MODULE, AND ASSOCIATED SECURITY MODULE MONOLITHIC SECURITY MODULE, AND ASSOCIATED SECURITY MODULE

Art Unit 2134 Examiner TRAN

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080

- | | |
|---|--|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 08/16/2005 STEUMEL1 00000049 501165 09763868 |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | 01 FC:1251 120.00 DA |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to Deposit Account. | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1165</u> . I have enclosed a duplicate copy of this sheet. | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor**RECEIVED
OPIE/IAP****AUG 16 2005**

- assignee of record of the entire interest. Sec 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- attorney or agent of record. Registration Number: _____
- attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 45,285.

August 15, 2005

Date

Signature
Jason H. Vick

(703) 903-9000

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

 Total of 1 form is submitted.